| 18 2005 Signature of 1995 Income and the second service of 1995 income and 1995 income a | U.S. Patent and Tra | Approved for use through 07 ademark Office; U.S. DEPAF rmation unless it displays a | RTMENT OF COMMERCE | | |
|--|---|---|--------------------|--|--|
| Effective on 12/08/2004. | Complete if Known | | | | |
| Feed Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number | 09/941,206 | | | |
| FEE TRANSMITTAL | Filing Date | 08/28/2001 | | | |
| For FY 2005 | First Named Inventor | Fedde et al | | | |
| | Examiner Name | J. Kim | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 1617 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 920.00 | Attorney Docket No. | PC31283 (S03376) | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | |
| Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-1025 Deposit Account Name: Pharmacia Corporation | | | | | |
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| FEE CALCULATION | | | | | |
| | | MINATION FEES | | | |
| Small Entity Application Type Fee (\$) Fee (\$) | Small Entity Fee (\$) Fee | Small Entity (\$) Fee (\$) | Fees Paid (\$) | | |
| Utility 300 150 500 | 250 200 | 0 100 | | | |
| Design 200 100 100 | 50 130 | 0 65 | | | |
| Plant 200 100 300 | 150 160 | 0 80 | | | |
| Reissue 300 150 500 | 250 600 | 0 300 | | | |
| Provisional 200 100 0 | 0 | 0 0 | | | |
| 2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$) | | | | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | 50 200 | 25 100 | | |
| Multiple dependent claims | | 360 | 180 | | |
| Total Claims | Paid (\$) | Multiple Deper | ndent Claims | | |
| - 20 or HP = x = HP = highest number of total daims paid for, if greater than 20. | | Fee (\$) | Fee Paid (\$) | | |
| | Paid (\$) | | | | |
| 3 or HP = x = | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE | | | | | |
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| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | |
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| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | |
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|-------------------|--------------------------|--|------------------------|
| Signature | Moxin | Registration No. (Attorney/Agent) 54,456 | Telephone 314-274-7008 |
| Name (Print/Type) | Christopher W. Slavinsky | | Date 8/18/2005 |

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Serial No. 09/941,246 Filing Date: 08/28/2001

Examiner: J. Kim
Group Art Unit: 1617

Docket No. PC31283 (S03376)

Date of Deposit: August 18, 2005

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Fee Transmittal
Amendment Transmittal Letter
Reply to Office Action & Amendment B
Terminal Disclaimer
Request for Continued Examination
Statement under 37 CFR 3.73b
Supplemental Information disclosure Statement
PAIR Patent Assignment Abstract of Title (2 pages)
Certificate
Declaration of Alfonso Perez, M.D.
Supplemental Form 1449
8 Supplemental References
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